

Mental health treatment in college students

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Background

Young adults are most at risk for mental disorders¹ and show the highest unmet need for mental health treatment². Findings among college students are similar, with rates of 12-month mental disorders ranging between 26-46% of which only 18% report to have used mental health services^{3,4}. Important barriers are a lack of perceived need, a preference for self-management, and experiencing a lack of time⁵. Studies of mental health treatment in college students are scarce and mostly originate from the US. Furthermore, little is known on the differential effect of sociodemographics, mental disorders, and suicidality on seeking treatment.

Objectives

- to measure mental health treatment among Belgian college students
- to investigate the effect of sociodemographic factors, mental disorders, and suicidality on current mental health treatment

Methods

- electronic survey of a random sample of 2,364 Belgian KULeuven freshmen (response rate 66.8%; mean age 19.1; 58.2% women)
- current mental health treatment, the readiness to change current mental health problems, the readiness to seek help for a future emotional problem, and barriers to seek treatment were assessed using validated measures (e.g. Stages of Change Scale⁶)
- 12-month mental disorders were assessed with the Global Appraisal of Individual Needs Short Screener (GSS⁷), identifying student at risk for internalizing disorders, externalizing disorders, substance use disorders, and conduct disorders
- 12-month suicidality (i.e. suicidal ideation, plans, or attempts) was assessed using items from the Self-Injurious Thoughts and Behaviors Interview⁸
- multivariate regression analyses with treatment or readiness as the dependent variable and age, gender, socio-economic status, 12-month mental disorders, and 12-month suicidality as independent variables

Results

Overall, 2.5% of students were currently receiving mental health treatment. For students at risk for 12-month internalizing, externalizing, substance use, or conduct disorders (GSS risk category III) this was 7.0%, 3.3%, 1.3%, and 0.0%, respectively. For 12-month suicidality this was 15.3%.

Table 1 shows that:

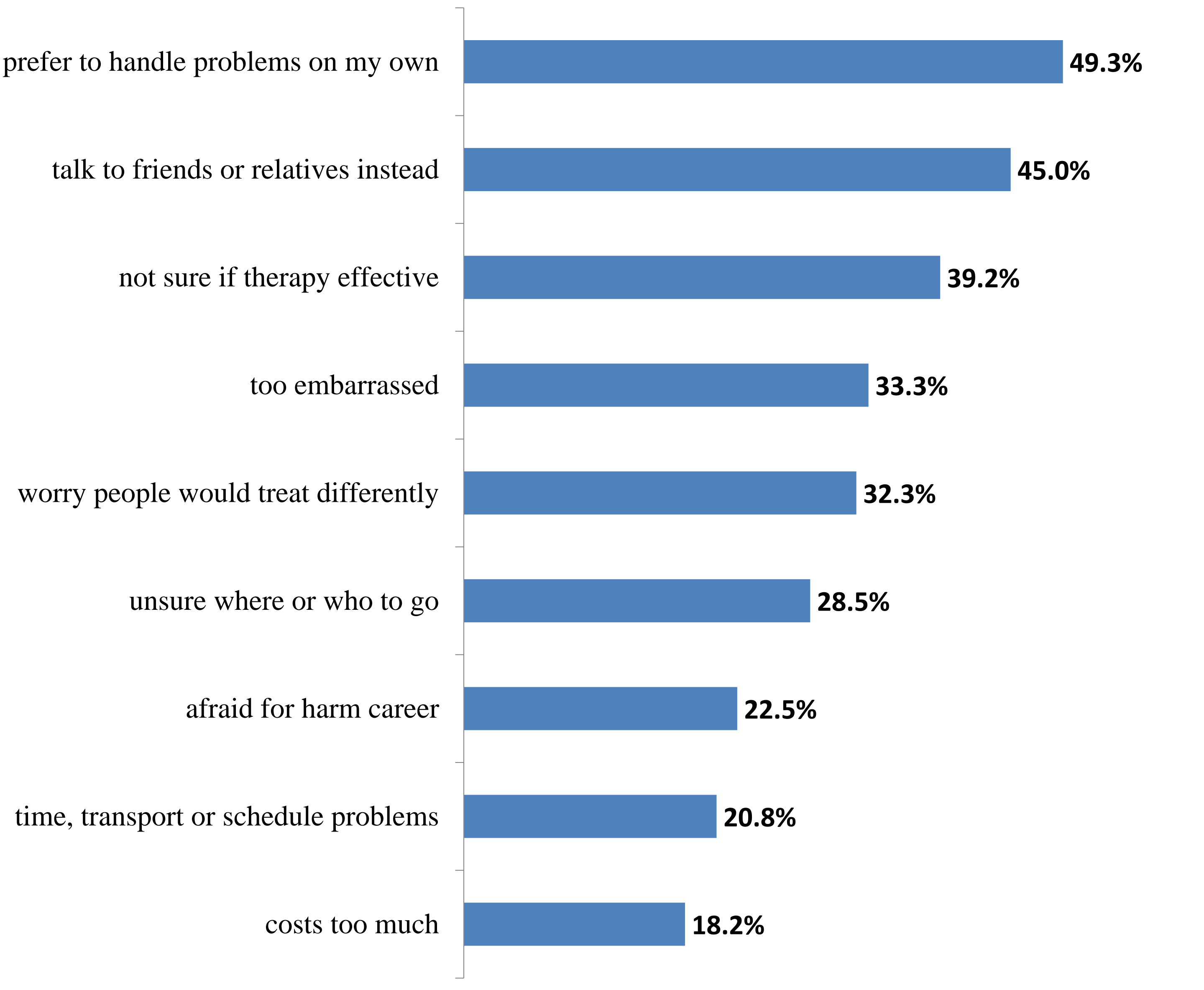
- students with internalizing mental disorders or suicidality were more likely to be currently treated (aOR 2.58 and 3.94, respectively)
- older students, students with internalizing mental disorders, or suicidality were more ready to change a current emotional problem (aOR 1.14, 1.19, and 1.94, respectively).
- male students, students with externalizing mental disorders, substance use disorders, or suicidality were less ready to seek professional help for future emotional problems (aOR 0.84, 0.94, 0.93, and 0.78, respectively).

Table 1. Current mental health treatment, readiness to change current problems, and readiness to seek help for a future emotional problem predicted by sociodemographic variables, 12-month mental disorders and 12-month suicidality (significant odds ratios are in bold).

	current mental health treatment			readiness to change current problems			readiness to seek help for future emotional problem		
	aOR	95% C.I.		aOR	95% C.I.		aOR	95% C.I.	
being male (vs. female)	0.76	0.25	2.32	1.00	0.88	1.12	0.78	0.66	0.91
age (y)	0.83	0.36	1.91	1.14	1.04	1.26	0.99	0.87	1.12
more difficult financial situation	1.22	0.74	2.01	1.04	0.97	1.11	1.06	0.97	1.16
12-m internalizing disorder scale	2.58	1.57	4.24	1.19	1.13	1.25	1.03	0.96	1.10
12-m externalizing mental disorder scale	0.76	0.47	1.21	1.01	0.95	1.07	0.92	0.86	1.00
12-m substance disorder scale	0.76	0.45	1.29	1.03	0.97	1.10	0.92	0.84	1.00
12-m conduct disorder scale	2.29	0.95	5.51	1.05	0.92	1.21	0.94	0.79	1.12
12-m suicidality	3.94	1.33	11.71	1.94	1.52	2.46	0.68	0.49	0.93

Among those students who were less ready to use mental health treatment in case of future emotional or substance use problems, the most important barriers to seek treatment were to handle the problem on one’s own, to rely on friends or relatives instead, and to doubt the effectiveness of treatment (Graph 1).

Graph 1. barriers to seek professional help among those less ready to use mental health treatment in case of future emotional or substance use problems.



Conclusions

The low rate of current mental health treatment in college students was comparable with rates found in the general population⁹. There was a differential effect of gender, mental disorders, and suicidality on the attitude towards and use of mental health treatment. Students with internalizing disorders, such as depression and anxiety, and students with suicidality made more use of mental health services. Interestingly, students with suicidality also indicated less readiness to seek help for future emotional problems. This may be due to adverse experiences with current treatment, or there may exist different subgroups with different attitudes towards mental health treatment within the suicidal subsample. Older students reported being more ready to change emotional problems, possibly indicating delay in seeking mental health among younger students. Few students with externalizing or substance use disorders sought help and were also less likely to seek help for future emotional problems. These findings point to the importance of tailoring treatment promotion strategies to specific subgroups.

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Funding

This research was supported by the FWO Flanders (11N0514N).